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Krysko and June North did a sterling job of typing the manuscript, while my mother, Mary F. Hockings, typed out the original field-notes. Ray L. Brod, cartographer at the University of Illinois, in Chicago, was kind enough to prepare all of the diagrams.

My greatest thanks must however be reserved for the various Badagas who supplied me with so much information, especially K. Lakshmanan, M. N. Thesingh, and his mother K. Sithamma. It was Sithamma, a practising therapist until well into her eighties, who treated me as her own son and attempted to teach me everything she knew about curing. If this book has any coherence it is largely due to the lifetime of her medical experience that lies behind its contents. Just as I finished writing, I learnt that Sithamma had passed away in her eighty-sixth year, on 25 July 1976. It seems appropriate, therefore, to dedicate this volume to her memory.

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one aspect of their presumed "familiarity with learning," if we may call it that, they gained a reputation as exorcists and curers. Today some among the couple of thousand Kaṇakkas still practise these crafts, although they no longer hold a monopoly among the Badagas. (My chief medical informant, K. Sithamma, was born in a Kaṇakka family in 1891.)

1.6. During the seventeenth to nineteenth centuries the Badaga community increased from a reported three villages in 1603 to nearly 370 villages a century ago. This expansion, marking the second phase, encompassed some developments of importance to the history of Badaga therapy. The community was faced with the problem of adapting to a new geographic and social environment, and clearly succeeded in doing so. We may presume that natural selection helped the population build up a genetic resistance to whatever montane illnesses had not previously affected the people when they were living in Mysore; and that some lowland disease organisms were no longer able to survive at the new elevation, either because it was too high and cold for their animal hosts, or else because the hosts among the scattered and tiny human population died off without transferring these organisms to new hosts, or more probably because when the density of population was very low infection by particular diseases summoned forth antibodies or other disease-resistant aptitudes, which protected their descendants from any further infection by those diseases. As the settlements expanded the increasing numbers of people permitted greater transference of disease organisms and called for greater amounts of health care; but at the same time these settlements, located in most parts of the Nilgiri Massif within a zone that lay between 4000 and 7300 feet of elevation, gave people opportunities to select the more healthy residential sites, to explore the micro-environmental differences in the area, and most importantly to discover medicinal uses for dozens of new species of plants that were in many instances confined to the Massif (see Trilingual Index). We may presume that the pharmacological uses of local plants were discovered by Badaga women who worked as goatherds and men working as cowherds, by closely observing the feeding habits of their animals. Geza Roheim has made a similar observation on the control that Australian Aboriginal women have over the medicinal use of plants which they are responsible for gathering. While it is true that Badagas did not keep

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by headache, nausea, reddening of the eyes, and perhaps some part of the body not functioning normally. The first phase moves into a severer second phase after the eighth day, so that the therapist has to watch closely for symptoms that differentiate it from Small Wind. In the latter illness the fever is "all over the body," whereas in Big Wind it is everywhere except "where the Big Wind struck." If a large area has been "struck," an entire limb may be paralyzed, the other feverish parts of the body are hot and sweaty while the "struck" part is cold.

No one has died of the disease, but if a cure is not effected the patient may be partially paralyzed for the rest of his life. Fortunately it is a very rare disease: my elderly informant, Sithamma, could only remember a single instance of it in her village during the entire century. The patient was a small boy. She brought a male therapist to him from another village; for while a lady therapist could mix the medicine it it usual for a male to rub the medicine all over a male patient and for a female to treat another woman.

Very few know the cure. Of the three men I heard about, one practised over half the Nilgiri Plateau, a second was too old to practise, and a third was not successful with the treatment because of his impure life. From all but the very poor the one still practising therapist accepts presents of any kind, but does not make a formal charge for his services. The patients do also have to give him 1/4 rupee as a "tree-present" and 1 1/4 rupees as "lamp-present" (see below).

The illness is caused by a passing god (*de:va:digo*), the corner of whose cloth has touched a person. The Big Wind starts at the point where the cloth hits him, and then spreads through the body. If the point which was struck is bigger than a rupee coin, it means that the god was angry with the patient, and in that case he cannot be cured although he will still live. According to one therapist the

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Ka:je:ri Village

M. Lingaraj (1963), 6.48-6.50*
Senneamma (therapist; 1977), 5.3, 5.36, 6.59

Ke: ti Village

K. Lakshmanan (1963), 6.16
idem (1970), 5.30, 6.9, 6.47

Me:l Oderaṭṭi Village

G. Cikkayya (therapist; 1977), 10.12, 10.13

Orana:yi Village

K. Sithamma (therapist; 1963), 4.1-4.14, 5.2-5.6, 5.26-5.28, 5.32-5.35, 6.1-6.8, 6.11-6.13, 6.15, 6.17, 6.21-6.26, 6.28, 6.30, 6.32-6.41, 6.43, 6.45, 6.46, 6.50-6.52, 6.55-6.58, 6.66, 6.69-6.72, 7.2-7.10, Appendix

M.N. Thesingh '(Sithamma's son, a diagnostician; 1963), 4.1-4.14, 5.8-5.21, 5.23, 5.25, 5.38-5.41, 6.10, 6.19, 6.20, 6.26, 6.29, 6.44, 6.61, 6.65, 6.67, 6.68, 7.3, 7.10
idem (1969), 6.36
idem (1970), 5.29
idem (1972), 5.36, 6.42

*Numbers refer to chapter and section *e.g.*, Chapter 6, Section 48 to Chapter 6, Section 50.

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5. Adoption and Inheritance

Upon the death of a family head only his sons inherit his property. The farm-land and cattle are divided between them, or else maintained undivided as joint family property. But with regard to the house, the Badagas have the unusual institution of ultimogeniture: it is the youngest son who inherits the house and usually keeps his aging mother and unmarried sisters in it. New houses might have to be built for the elder brothers. The ultimogeniture makes good sense in a society where often a girl was married by the age of 12, and where consequently the oldest son of an elderly widow might be no more than 13 or 14 years her junior. Her youngest son is more likely to be a young man in the prime of life, more vigorous, with fewer dependents, and better able to provide for his old mother. By the time he has grown up, his elder brothers have commonly married, cleared fresh farmland, and built themselves new houses near this land (Rivers 1906: 560; Frazer 1918: 81).

Since the Badagas were until recently non-literate, and even now write wills only in rare cases, there has always been a series of rules to handle the transition of property from the dead to the living, whether lineal male descendants or adopted sons. Their substitute for a written will is the *sa:la jo:li*, a verbal statement made by the dying man. Each wish *(sa:la)* in it is normally followed by his relatives, but if any wish seems unfair they will immediately question him about it. Unfairness should here be construed as meaning an unequal division of property between the male heirs or too much generosity towards the wife and/or daughters. These people will try to reach a compromise with the dying man so that his wishes can later be followed without further argument.

There are no rules about particular kinds of property going to particular categories of relatives, with the one exception that when the head of the household dies, his main house goes to his youngest son. Even so, the *value* of that house has to be divided between all the sons, so that the youngest may well have to give something to his elder brothers. The rights of the youngest son in the house are absolute. It is true that he must be ready to shelter his widowed mother there; yet if he wants to he can sell the house without prior consultation. The funerals of his father and mother will be held there, under the superintendence of their *eldest* son. Yet if the eldest son wants to bring Kota musicians to perform at the funeral, and the youngest son prohibits this, his will must prevail since it is his house.

In 1963 I interviewed a sample of 301 Badaga males (aged 15 and above), and a further sample of 119 adult females. These people came from all parts of the Nilgiri District; and one of the questions asked concerned the number of houses that they "owned." In Table 1 it will be seen that 38% of the men did own houses, but only 19% owned more than one house. The percentages of women "owning" houses were at nearly all levels less than for